

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90044 040 ***158.75

DOCUMENT # 515751

1. Entity Name

COMFORT SYSTEMS USA (FLORIDA), INC.

Principal Place of Business

Mailing Address

1026 SAVAGE COURT
 LONGWOOD FL 32750

1026 SAVAGE COURT
 LONGWOOD FL 32750-4905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1691261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BODWELL, ELIZABETH~~
 1026 SAVAGE COURT
 LONGWOOD FL 32750

Name

Sherry Taylor

Street Address (P.O. Box Number is Not Acceptable)

1026 Savage Court

City

Longwood

FL

Zip Code

32750

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Sherry Taylor / Controller*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/09/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BODWELL, KENNETH A	
STREET ADDRESS	1521 FRANCES DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COVENEY, PAUL	
STREET ADDRESS	1324 DUNHILL DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VPI	<input type="checkbox"/> Delete
NAME	BODWELL, NICHOLAS	
STREET ADDRESS	1226 POINSETTIA DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	BODWELL, RICHARD	
STREET ADDRESS	2434 CANTERCLUB TRAIL	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEITTENMILLER, GORDIE	
STREET ADDRESS	777 POST OAK BLVD., STE. 500	
CITY-ST-ZIP	HUSTON TX 77056	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	O'BRIEN, PETE	
STREET ADDRESS	777 POST OAK BLVD., STE. 500	
CITY-ST-ZIP	HUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Senior Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>CURTIS COLIHER</i>	
STREET ADDRESS	<i>1026 Savage Court</i>	
CITY-ST-ZIP	<i>Longwood, FL 32750</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sum A. Bodwell President* *2/09/00* *(407) 265-1480*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)